Statement of C	Organization					Date Stamp	100 miles (100 miles (FORNIA 410
Recipient Con	nmittee					135 125	F(ORM TIU
Statement Type	✓ Initial	Amend	ment	☐ Termina	tion – See Part 5	14901139#1		For Official Use Only
	Not yet qualified 🗹 or	List I.D. num	ber:	List I.D. numb	er:	2		
	6.2000 March 1 - March 1 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	#_/3	71051	#		a a		
	08 ,25 ,20	4 .		,	,	ਵ		
	Date qualified as commit	tee Date qualifie	d as committee	Date of To	ermination			
1. Committee In					2. Treasurer and Other NAME OF TREASURER	Principal Officers		
Elect Christoph	ner John Rizzotti to	Burbank Ci	ty Council 2	015	Mark A. Newton			
STREET ADDRESS (NO P.O.	. BOX)				STREET ADDRESS (NO P.O. BOX)			
4405 Riverside					3112 Amigos Dr.	STATE	ZIP CODE	AREA CODE/PHONE
CITY	STATE	ZIP CODE	AREA CODE/P			Ca	91504	(213)617-6132
Burbank		91505	(818)262	2-5446	Burbank NAME OF ASSISTANT TREASURER, IF AN		31304	(213)017-0102
MAILING ADDRESS (IF DI	FFERENT)				MAINE OF ASSISTANT THEASONER, IT ANY	'		
FAX / E-MAIL ADDRESS					STREET ADDRESS (NO P.O. BOX)			
rizzottiforburba	ink com							
COUNTY OF DOMICILE		WHERE COMMITTEE IS	ACTIVE		CITY	STATE	ZIP CODE	AREA CODE/PHONE
Los Angeles	City of	Burbank						
	and the second s				NAME OF PRINCIPAL OFFICER(S)			
					Christopher John R	lizzotti		
Attach additional	information on appropri	ately labeled co.	ntinuation sheet	ts.	STREET ADDRESS (NO P.O. BOX)	Cuito 201		
,		•			4405 Riverside Dr.,	SUILE ZU I	ZIP CODE	AREA CODE/PHONE
					Burbank	Ca	91505	(818)262-5446
3. Verification I have used all rependity of perju	easonable diligence in p ry under the laws of the	reparing this sta State of Californ	tement and to t	he best of my	knowledge the information and correct.	contained herein is tr	ue and comp	lete. I certify under
Executed on	DATE	У		SIGNATURE C	OF TREASURER OR ASSISTANT TREASURER			
Executed on	Executed onBy							
Executed on	DATE B	У	SIGNATURE	OF CONTROLLING O	FFICEHOLDER, CANDIDATE, OR STATE MEASU	IRE PROPONENT		
Executed on	BATT B	у	CICALTURA	OF CONTROLLING	REFLECTION DED CANDIDATE OR STATE MEAST	IRE PROPONENT		

Statement of Organization Recipient Committee INSTRUCTIONS ON REVERSE COMMITTEE NAME CALIFORNIA FORM 410 Page 2 I.D. NUMBER

					Page 2
COMMITTEE NAME Elect Christopher John Rizzotti to Burbank City C	Council 201	15			137 1051
All committees must list the financial institution where the campaignable.	gn bank accoun	t is located.			
NAME OF FINANCIAL INSTITUTION	AREA CO	DDE/PHONE	BANK ACCOUN	T NUMBER	
Wells Fargo Bank	(213	3)253-3592	600201	14840	
ADDRESS	CITY		STATE	ZIP CODE	
333 S. Grand Ave., 1st Fl.	Los	Angeles	Ca	90071	
4. Type of Committee Complete the applicable sections.					
Controlled Committee					
 List the name of each controlling officeholder, candidate, or st district number, if any, and the year of the election. 	ate measure p	proponent. If candidat	e or officeholder co	ontrolled, also list the ele	ective office sought or held, and
• List the political party with which each officeholder or candida	ate is affiliated	or check "nonpartisan	."		
• If this committee acts jointly with another controlled committee	ee, list the na	me and identification n	umber of the other	controlled committee.	
NAME OF CANDIDATE/OFFICEHOLDER/STATE MEASURE PROPONENT		ELECTIVE OFFICE SOU (INCLUDE DISTRICT NUMB		YEAR OF ELECTION	N PARTY
				2015	Nonpartisan
Christopher John Rizzotti	City Co	ouncil		2015	
					Nonpartisan
Primarily Formed Committee Primarily formed to support o	or oppose spec	cific candidates or meas	sures in a single ele	ction. List below:	
CANDIDATE(S) NAME OR MEASURE(S) FULL TITLE (INCLUDE BALLOT NO. OR	R LETTER)			D OR MEASURE(S) JURISDICTION COUNTY, AS APPLICABLE)	N CHECK ONE
					SUPPORT OPPOSE

Statement of Organization Recipient Committee

CALIFORNIA 410

INSTRUCTIONS ON REVERSE

Page 3
I.D. NUMBER

Elect Christopher John Rizzotti to Burbank City Council 2015

4. Type of Committee (Continued)			
General Purpose Committee Not formed to support or opport CITY Committee COU	ose specific candidates or meas	sures in a single election. Check only one box: mmittee	
PROVIDE BRIEF DESCRIPTION OF ACTIVITY			
Sponsored Committee List additional sponsors on an attach	nment.		
NAME OF SPONSOR	INDUSTRY GROUP OR AFF	FILIATION OF SPONSOR	
STREET ADDRESS NO. AND STREET	CITY	STATE ZIP CODE	
Small Contributor Committee			

5. Termination Requirements

By signing the verification, the treasurer, assistant treasurer and/or candidate, officeholder, or proponent certify that all of the following conditions have been met:

- This committee has ceased to receive contributions and make expenditures;
- This committee does not anticipate receiving contributions or making expenditures in the future;
- This committee has eliminated or has no intention or ability to discharge all debts, loans received, and other obligations;
- This committee has no surplus funds; and
- This committee has filed all campaign statements required by the Political Reform Act disclosing all reportable transactions.
 - -- There are restrictions on the disposition of surplus campaign funds held by elected officers who are leaving office and by defeated candidates. Refer to Government Code Section 89519.
 - -- Leftover funds of ballot measure committees may be used for political, legislative or governmental purposes under Government Code Sections 89511 89518, and are subject to Elections Code Section 18680 and FPPC Regulation 18521.5.

WELLS FARGO BANK

1003

LOS ANGELES MAIN 333 S GRAND AVE LOS ANGELES, CA 90071

DATE 1/10/14

11-4288/1210

Filt and Mallo

DOLLARS

CHRISTOPHER JOHN RIZZOTTI
CHRIS RIZZOTTI FOR CITY COUNCI
1411 W VALLEYHEART DR
BURBANK CA 91506-3037

1:1210428821:6002014840111003